

TO: Inmate Samuel, Harry SBI# 201360, Housing Unit S4C 19CU3
VIA: Counselor M. Fakih
FROM: I.B.C.C.
DATE: 2/7/05 OS-37 (SUR)
RE: Classification Results

Your M.D.T. has recommended you for the following:
Max

The I.B.C.C.'s decision is to:

Approve _____
 Not Approve _____
 Defer _____
 Recommend _____
 Not Recommend _____

BECAUSE:

<input type="checkbox"/> Lack of program participation	<input type="checkbox"/> Time remaining on sentence
<input type="checkbox"/> Pending disciplinary action	<input type="checkbox"/> Prior failure under supervision
<input type="checkbox"/> Gradual phasing indicated	<input type="checkbox"/> Poor institutional adjustment
<input type="checkbox"/> Open charges	<input type="checkbox"/> Serious nature of offense
<input type="checkbox"/> Prior criminal history	
<input type="checkbox"/> Failure to follow your treatment plan in that you	

You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: _____

OTHER: Rev : 04/05 22 GLH

ADDITIONAL COMMENTS:

Develop/continue treatment plan with counselor

You will be expected to address the following: _____

Copy to: Classification
Inmate
Institution File

Form #456 (3 Part NCR)
Revised 11/97

Exhibit 23

DELAWARE CORRECTIONAL CENTER — MEMORANDUM

TO: Inmate W.R.N. Samuel, SBI# 2013106, Housing Unit SAU
 VIA: Counselor Zende
 FROM: I.B.C.C.
 DATE: 5/26/05
 RE: Classification Results

Your M.D.T. has recommended you for the following: Mot-FIC, TFC, Min

The I.B.C.C.'s decision is to:

Approve _____
 Not Approve _____
 Defer _____
 Recommend _____
 Not Recommend _____

BECAUSE:

____ Lack of program participation	____ Time remaining on sentence
____ Pending disciplinary action	____ Prior failure under supervision
____ Gradual phasing indicated	____ Poor institutional adjustment
____ Open charges	____ Serious nature of offense
____ Prior criminal history	
____ Failure to follow your treatment plan in that you _____	

You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: _____

OTHER: 04/06 Review

ADDITIONAL COMMENTS:

____ Develop/continue treatment plan with counselor

You will be expected to address the following: _____

Copy to: Classification
 Inmate
 Institution File

Form #456 (3 Part NCR)
 Revised 11/97

Exhibit 24

FORM #584Medical GRIEVANCE FORMFACILITY: D.C.C.DATE: Oct. 7 2004GRIEVANT'S NAME: Harry SamuelSBI#: 00201360

CASE#: _____

TIME OF INCIDENT: Sept 5, 2004HOUSING UNIT: 21 B 9 L

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I requested to get treatment from the dentist by putting a sick call slip (form) in the Sick Call box on Sept. 7, 2004. Sgt. Sullivan gave me the Sick Call form after I reported my dental problem to him. I put in two other sick calls for this matter and my problem is my filling is out and I got a big hole in my tooth if not treated I will loose my tooth. Also the warden forward a letter to have braces to fix my front teeth its been years the dentist didn't call me. The reason I am submitting this grievance is because it has been a month and I haven't seen the dentist in a month since my request (sick call was put in). The dentist assistant seen me after a month but no treatment now it been another month and no treatment.

ACTION REQUESTED BY GRIEVANT: To have my tooth fill in by the dentist soon before I loose my tooth and to have my front teeth fixed like the warden said he notified the dentist supervisor to take action.

GRIEVANT'S SIGNATURE: Harry SamuelDATE: Oct. 7, 2004

WAS AN INFORMAL RESOLUTION ACCEPTED?

 (YES) (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

April '97 REV

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location :Bldg 21, Upper, Tier D, Cell 6, Bottom	

INFORMAL RESOLUTION

Investigator Name : Wolken, Gina Date of Report 10/22/2004

Investigation Report : Patient does not want to sign off until he gets the treatment. Warned him filling take 8-9 months.

Reason for Referring:

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

GRIEVANCE INFORMATION - IGC

OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

IGC

Medical Provider: Date Assigned

Comments:

<input checked="" type="checkbox"/> Forward to MGC	<input type="checkbox"/> Warden Notified
<input type="checkbox"/> Forward to RGC	Date Forwarded to RGC/MGC : 12/03/2004
<input type="checkbox"/> Offender Signature Captured	Date Offender Signed :

GRIEVANCE INFORMATION - Appeal

OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

APPEAL REQUEST

No appeal returned

REMEDY REQUEST

Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE INFORMATION - BGO

OFFENDER GRIEVANCE INFORMATION			
Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC	
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual	
Status : Resolved	Resolution Status : Level 3	Inmate Status :	
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :	
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom		
REFERRED TO			
Due Date :	Referred to:	Name:	
Type of Information Requested :			
DECISION			
Date Received : 02/22/2005			
Decision Date : 03/17/2005	Vote : Uphold		
Comments :	<p>I recommend that FCM resolve the dental services availability problem; inordinate delays lead to more serious and expanding medical related issues, as well as higher costs. An 8-to9 month wait for tooth repair is unacceptable.</p>		

Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

GRIEVANCE INFORMATION - Bureau Chief

OFFENDER GRIEVANCE INFORMATION			
Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC	
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual	
Status : Resolved	Resolution Status : Level 3	Inmate Status :	
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :	
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom		
DECISION			
Decision Date: 06/20/2005	Vote : Uphold		
Comments :			
I concur with the recommendation of the BGO.			

GRIEVANCE INFORMATION - MGC

OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	
	MGC	

Date Received : 12/03/2004

Date of Recommendation: 02/18/2005

GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff		Munson, Amy	Deny
Staff		Lyons, April	Deny
Staff		Rickards, Suesann	Deny
Staff		Merson, Lise M	Abstain

VOTE COUNT

Uphold : 0

Deny : 3

Abstain : 1

TIE BREAKER

Person Type	SBI #	Name	Vote

RECOMMENDATION

Hearing held 2/15/05

You were seen by the dentist and are on the waiting list for a filling.

Appeal form provided.

In The United States District Court

for the District of Delaware

Harry Samuel
Plaintiff,

Civ. No. 05-037-SLR

v.

Thomas Carroll
et al.

RE: Dental Services

To Judge Sue L. Robinson.

On 9-7-2005, The Dentist filled my tooth.

The Dentist said plaque developed around the tooth,
and eat some of the bone away that hold the tooth.

I was next schedual for treatment to clean my tooth
(teeth). I explained to the Dentist that the warden had
forwarded a letter to the Dentist to take action on getting
my teeth(tooth) straight. (see two letters from Thomas
the warden dated November 20, 2001 and ~~November~~ October
26, 2001). I bit my lip and it is hard to talk the way my
tooth grow back. I was charged \$4.00 dollars for the
filling see Delaware Department of Correction Health
Care Services Fee Sheet. I don't think I should have
to pay because the Tax payers already payed for me
to have Dental, Medical, etc. to be housed in prison.

Inmate:

Harry L. Samuel
SBI #201360

Delaware Correctional Center

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name _____ SBI # _____

(Last, First MI)

Facility _____ Date _____

<input checked="" type="checkbox"/> Chargeable Visit	\$4.00
<input type="checkbox"/> Non Chargeable Visit	-0-
<input type="checkbox"/> Medication Handling Fee (\$2.00 X _____)	\$ _____

Total Amount Charged To Inmate Account \$ _____

Health Care Staff Signature:

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: Barry Lavelle Date: _____

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____

Copy: Inmate Medical Record (yellow)
Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

vintis + kathy



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
OFFICE OF THE WARDEN
DELAWARE CORRECTIONAL CENTER
1181 Paddock Road
SMYRNA, DELAWARE 19977
Telephone: (302) 653-9261
Fax: (302) 653-2855

MEMORANDUM

TO: Inmate Harry Samuel
#201360

FROM: Thomas L. Carroll
Warden

DATE: November 20, 2001

RE: Letter

A handwritten signature in black ink that reads "Thomas L. Carroll".

This will acknowledge receipt of your letter on November 15, 2001 regarding dental problems. Please be advised that this matter has been forwarded to Ms. Georgia Perdue of Correctional Medical Services for her information, review and action.

TLC/sw

Cc: Georgia Perdue, CMS
file



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
OFFICE OF THE WARDEN
DELAWARE CORRECTIONAL CENTER
1181 Paddock Road
SMYRNA, DELAWARE 19977
Telephone: (302) 653-9261
Fax: (302) 653-2855

MEMORANDUM

TO: Inmate Harry Samuel
#201360

FROM: Thomas L. Carroll
Warden

DATE: October 26, 2001

RE: Letter

Thomas L. Carroll

This will acknowledge receipt of your letter dated October 19, 2001 regarding dental services. Be advised that I have forwarded your request to Ms. Georgia Perdue of Correctional Medical Services for action.

TLC/sw

Cc: Deputy Warden McGuigan
Security Superintendent Cunningham
Georgia Perdue
file

In the United States District Court
 District of Delaware

Harry Samuel
 Plaintiff

v.

Civ. No. 05-037-SLR

Thomas Carroll (Warden)
 and et al
 Dental Service

RE: Being handcuffed during Dental
 Treatment and Pain and suffering

Plaintiff Samuel Submit that after waiting a while
 to see if the pain and injuries I got from being
 handcuff behind my back during dental Treatment
 would go away the pain and injuries I suffered
 in my hand, wrist and shoulder did not go away.

Therefore I put in a sick call to see the Doctor
 about my pain and my injuries to my hand, wrist and shoulder
 (See exhibit - 26 Medical/Dental sick call).

On 10-5-2005 the nurse call to see me about my sick
 call slip I put in (exhibit - 26) BY taking me to the nurse/
 Doctor office and examin me. I explained to nurse
 Danve that I have pain in my hand, wrist and shoulder
 and injuries to my wrist and shoulder. I explained to
 the nurse that it feels like something is broke in
 shoulder and the pain and injuries is where I can't
 exercise because when I put pressure from exercising
 the pain gets worst. The then instructed me stop
 exercising, and gave me a Box of Pain Reliever, and
 a container (cup) of muscle cream and instructed
 to put a warm towel on my hand, wrist and shoulder
 the nurse said I may have pinched a nerve.

NDC # 47682-100-64

← Pain reliever nurse gave me.

24 Tablets

Médiqe

Pain Reliever / Fever Reducer
 Easy to Swallow-Film Coated Tablets
 Compares Active Ingredients to Advil®

Registered Trademark of Wyeth Consumer
 Manufactured for: Medique Products, Wood Dale, Illinois 60191 USA
 1-800-634-7680

Respectfully Submitted

Harry L. Samuel
 Date:

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**
This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

<u>Harry Samuel</u>	<u>23,C,1,U</u>	
<small>Name (Print)</small>		<small>Housing Location</small>
<u>8-17-62</u>	<u>201360</u>	<u>9 - - 05</u>
<small>Date of Birth</small>	<small>SBI Number</small>	<small>Date Submitted</small>

Complaint (What type of problem are you having)? on about 9-7-04 I was put in Max at which time 9-7-04 I requested Dental Care. on 11-2-04 I was handcuffed behinded my back during Dental Treatment with TK KionKe the handcuffs and being handcuffed behind my back gave me injuries and pain to my hand, rist, and shoulder I need to see Doctor it get worst.

Harry Samuel
Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED
263

Exhibit - 26

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Harry Samuel

Name (Print)

8-17-62

Date of Birth

19C3U

21D46

Housing Location

00201360

SBI Number

6-9-05

Date Submitted

Complaint (What type of problem are you having)? my tooth filling came out 9 months ago and my tooth need to be filled and my teeth need to be even up with Braces.

This is my 6th attempt to get treatment and its over 9 months and no treatment yet.

Harry Samuel

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: _____

Pulse: _____

Resp: _____

B/P: _____

WT: _____

A:

Already

P:

Abnormal

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

Exhibit-27 (27)

© 2001

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Resol. Date : 06/22/2005
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: I requested to get treatment from the dentist by putting a sick call slip in the sick call box on 9/7/04. Sgt. Sullivan gave me sick call form after I reported my dental problem to him. I put in two other sick calls for this matter and my problem is filling is out and I got a big hole in my tooth if not treated I will lose my tooth. 2. Also warden forward a letter to have braces to fix my front teeth. It's been years the dentist didn't call yet. The reason I am submitting this grievance is because it has been a month and I haven't seen the dentist in a month since my request. The dentist assistant seen me after a month but no treatment now it been another month and no treatment.

Remedy Requested : To have my tooth fill in by the dentist soon before I lose my tooth and have to have my front teeth braced like warden said he notified the dentist supervisor to take action.

INDIVIDUALS INVOLVED

Type	SBI #	Name
------	-------	------

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES

Date Received by Medical Unit : 10/22/2004

Investigation Sent : 10/22/2004

Investigation Sent To : Wolken, Gina

Grievance Amount :

Exhibit 22